

Ohio Environmental Protection Agency  
Deviation Reporting Form

Signature

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Effective or most recent modification date: 07/27/01			
Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the From and To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Number of pages in report, including this one: 34 pages			
List any supporting attachments			
Reporting deadline: 01/31/15			

NOTE: The deviation reporting period shall be stated in the following format: *Axx/xx/xx* through *zz/zz/zz* where *xx/xx/xx* and *zz/zz/zz* are the beginning and end dates for the deviation reporting period respectively.

**SIGNATURE FOR STATEMENT**

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

**CERTIFICATION**

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this Title V report are true, accurate and complete to the best of my knowledge.

TitleVDeviationReport\_2ndQrt2013.doc

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

## Ohio Environmental Protection Agency

## Section I- Page 1

## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please indicate "N/A" below in the "From" and "To" fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

Ohio Environmental Protection Agency  
Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUMBER)			
FACILITY ADDRESS			
Issuance or most recent modification date			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate <b>AN/A@</b> below in the <b>AFr</b> this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

SECTION I -

**704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)**

*Mark the following box with an >X= if no General Terms and Conditions deviations occurred*

**THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD**

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) **(Table2)**

PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency  
Deviation Reporting

FACILITY NAME			
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FACILITY ADDRESS			
Issuance or most recent modification date			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate AN/A@ below in the AFr this report does include semiannual deviation reporting)	
From:	To:	From:	To:
Reporting deadline			

PERMIT RM escription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

## Ohio Environmental Protection Agency

## Section II- Page 1

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/31/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

**Section II - Part II Facility-wide Permit Requirement Reporting****Insignificant Emissions Unit Negative Declarations (Table1)**

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A  
E V PERMIT:

Tray Dryers, Littleford mixer

HC-11 Tanks

General Catalyst Dryers 4 and 5

Nitric Acid Dilution

ZR Sinter Furnace

Ammonia Stripper

Horne Tableting Machines

Kewanee Boiler, rated at 8.6 MMBTU/hr

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## Section II- Page 2

## Deviation Reporting

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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/31/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

WERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.A  
E V PERMIT:

Kewanee Boiler, rated at 8.6 MMBTU/hr

Kewanee Boiler, rated at 8.6 MMBTU/hr

Kewanee Boiler, rated at 8.6 MMBTU/hr

Ohio Environmental Protection Agency  
Section II- Page 3  
Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
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From: 10/31/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

**Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations** (mark with an >X= if applicable) **(Table 2)**

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

**Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)**

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

Description as for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S)  (If no reports were made, state <b>NO REPORTS@</b> in the space below)	MALFUN WRIT REPOR DATE  (If no reports state <b>NO R</b> in the spac	
	Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						



Ohio Environmental Protection Agency  
Section II- Page 4  
Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/31/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

Description of IEU T as for	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION ? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO REPORTS@ in the space below)	MALFUNCTION WRITTEN REPORT DATE (If no reports state ANO R in the space below)	
	Quarterly	Semi-Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
				DATE / TIME START	DATE / TIME END						

Ohio Environmental Protection Agency

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Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

## Ohio Environmental Protection Agency

## Section III- Page 1

## Deviation Reporting

FACILITY NAME: BASF Corp.			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

**Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)**

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there were no Semiannual Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below
	X	X
	X	X
	X	X
		X
	X	X
	X	X

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## Section III- Page 2

## Deviation Reporting

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Issuance or most recent modification date: 07/27/01			
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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
	X	X
		X

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## Section III- Page 3

## Deviation Reporting

FACILITY NAME: BASF Corp.			
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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
	X	X
	X	X
		X
	X	X
	X	X
	X	X
	X	X
		X
	X	X

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	X	X
	X	X
	X	X
	X	X
	X	X
		X

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To columns if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

**Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)**

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information) - Please group deviations for each emissions unit that has deviations of multiple terms.

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <u>NO</u> REPORTS in the space below)	MALFUNCTION REPAIR DATE(S) (If no repairs were made, state <u>NO</u> REPAIRS in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The scrubber water flow rate to each stage of the scrubber shall be continuously be maintained at a flow of not less than 50 gpm at all times while the emissions unit is in operation.	X		Flow meter	10/08/14 2000	10/09/14 0400	Flow less than 50 gpm	Water flow rate/inlet exhaust flow issues	Unit taken off line	No	No	

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## Section III- Page 6

## Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	12/01/14 0500	12/02/14 2100	ΔP greater than 1.5" WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines Flushed	No	No	



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## Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the first stage of the Trimer scrubber	12/05/14 0100	12/05/14 1000	ΔP greater than 1.5" WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines Flushed	No	No	

## Ohio Environmental Protection Agency

## Section III- Page 8

## Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the second stage of the Trimer scrubber	11/01/14 2100	11/02/14 0300	ΔP less than 1" WC across second stage	Scrubber water flow rate/inlet exhaust flow issues	Unit shut off	No	No	

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## Section III- Page 9

## Deviation Reporting

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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the second stage of the Trimer scrubber	11/05/14 1200	11/05/14 2000	ΔP less than 1" WC across second stage	Scrubber water flow rate/inlet exhaust flow issues	Lines Flushed	No	No	

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## Section III- Page 10

## Deviation Reporting

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<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the second stage of the Trimer scrubber	11/10/14 1300	11/10/14 1700	ΔP less than 1" WC across second stage	Scrubber water flow rate/inlet exhaust flow issues	Lines Flushed	No	No	

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## Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the second stage of the Trimer scrubber	12/01/14 0500	12/02/14 1700	ΔP greater than 1.5" WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines Flushed	No	No	

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## Deviation Reporting

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From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	10/11/14 1900	10/12/14 0530	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	11/01/14 2100	11/02/14 0300	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Calciner taken offline	No	No	

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS@ in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation.	X		Pressure drop readings across the third stage of the Trimer scrubber	11/04/14 2100	11/11/14 1900	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Lines flushed	No	No	



## Ohio Environmental Protection Agency

## Section III- Page 15

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
				DATE/TIME START	DATE/TIME END						
A.II.2-The water flow to the scrubber must be greater than 25gpm at all times while the emissions unit is in operation.	X		Flow meter	10/01/14 1645	10/02/14 0830	ΔP less than 3"WC across third stage	Scrubber water flow rate/inlet exhaust flow issues	Pump repaired	No	No	

## Ohio Environmental Protection Agency

## Section III- Page 16

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
	A.II.2-The water flow to the scrubber must be greater than 25gpm at all times while the emissions unit is in operation.	X		Flow meter	10/18/14 1610	10/19/14 2000	ΔP less than 3"W/C across third stage	Scrubber water flow rate/inlet exhaust flow issues	Pump repaired	No	No	
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	10/2/14 0100	10/02/14 0500	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	10/05/14 1900	10/06/14 0200	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	10/28/14 1138	10/28/14 2000	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <del>NO</del> REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/01/14 0400	11/01/14 0900	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/17/14 0830	11/17/14 1130	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

## Section III- Page 19

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/18/14 0800	11/18/14 2100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/19/14 2000	11/20/14 0330	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

## Section III- Page 20

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/22/14 0100	11/22/14 1300	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/23/14 0400	11/23/14 1400	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/25/14 0200	11/25/14 1400	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/27/14 0200	11/27/14 1130	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/28/14 0130	11/28/14 1100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/07/14 0900	12/07/14 1700	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No



## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/09/14 0600	12/09/14 1100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/10/14 0900	12/10/14 17900	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/11/14 1300	12/11/14 2100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/21/14 0100	12/21/14 1400	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <del>NO</del> REPORTS@ in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/22/14 0300	12/22/14 1200	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/24/14 0300	12/24/14 1100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No

## Ohio Environmental Protection Agency

## Section III- Page 26

## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	12/25/14 0200	12/25/14 1100	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	A.II.1.b-The scrubber water flow rate must be greater than or equal to 2 gpm.	X		Flow meter	8/11/14 0200	8/24/14 1900	Flow meter readings less than 2gpm.	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO REPORTS</b> in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u.	X		pH meter	11/01/14 0400	11/01/14 0900	pH meter readings greater than 11 s.u..	Caustic feed	Caustic flow decreased	No	No	No
s	A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC.	X		Pressure drop readings	11/02/14 0400	11/03/14 0300	ΔP less than 1"WC across first stage	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No

## Ohio Environmental Protection Agency

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
s	A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC.	X		Pressure drop readings	11/04/14 0200	11/05/14 0500	ΔP less than 1"WC across first stage	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No
s	A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC.	X		Pressure drop readings	11/13/14 0600	11/15/14 0600	ΔP less than 1"WC across first stage	Scrubber water flow rate/air flow issues	Lines flushed	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state NO REPORTS in the space below)	MA
		Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION					
					DATE/TIME START	DATE/TIME END						
er	B.II.3-The pressure drop across the baghouse shall be maintained within the range of 3 to 5"WC while the emissions unit is in operation	X		Daily pressure drop readings across the baghouse	10/08/14 0400	10/09/14 0600	ΔP readings below 3 "WC	Low air flow	Flow adjusted	No	No	No
er	B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in operation	X		Daily pressure drop readings across the scrubber	10/12/14 0001	10/13/14 0300	ΔP readings below 2 "WC	Low flow	Adjusted	No	No	No

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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To fields if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

s on	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO</b> REPORTS in the space below)	MA	
		Quarterly	Semi- Annual		DEVIATION DURATION							DESCRIPTION AND MAGNITUDE OF THE DEVIATION
					DATE/TIME START	DATE/TIME END						
er	B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in operation	X		Daily pressure drop readings across the scrubber	10/15/14 0400	10/16/14 0500	ΔP readings below 2 "WC	Low flow	Adjusted	No	No	No
	Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation.	X		Daily pressure readings across the baghouse	11/19/14 0015	11/20/14 0330	ΔP readings below 1 "WC	Low flow	Adjusted	No	No	No



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## Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035			
Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From/To boxes if this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION				PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If Yes, continue to the next column)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO</b> REPORTS in the space below)	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state <b>NO</b> REPORTS in the space below)
	Quarterly	Semi- Annual		DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION						
				DATE/TIME START	DATE/TIME END							
A.III.1-Visible Emissions	X		Weekly visible emissions check	11/10/14 0845	11/10/14 0930	Visible emissions	Bag failure in product collector	Bag replaced	No	No	No	
A.III.1- Visible Emission	X		Weekly Visible Emission Check	1000	1100	Visible emissions	Low scrubber water flow	Flow adjusted	No	No	No	
A.III.1- Visible Emission	X		Weekly Visible Emission Check	1000	1000	Visible emissions	Low scrubber water flow	Flow adjusted	No	No	No	

See page 3 of the instructions at [SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING](#)

Ohio Environmental Protection Agency

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Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02-47-04-0195			
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Issuance or most recent modification date: 07/27/01			
<b>QUARTERLY</b> Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting)	
From: 10/01/14	To: 12/31/14	From: NA	To: NA
Reporting deadline: 01/31/15			

**TABLE**@ for guidance on this table.